2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# 748100

Entity Name: THE ARC OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

616 ATLANTIC AVE
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1016
FT. PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 59-1100961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, CHERYL
1905 YORK CT.
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	BAKER, PAMELA	
Address:	3413 NORTH A1A	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	DVP	( ) Delete
Name:	GARZA, JERRY	
Address:	1822 SE RAINIER ROAD	
City-St-Zip:	PORT ST LUCIE, FL 34952	
Title:	DS	( ) Delete
Name:	COSTA, CATHI	
Address:	1591 SE CROQUET ST.	
City-St-Zip:	PORT ST. LUCIE, FL 34983	
Title:	DT	( ) Delete
Name:	NELSON, RUSTI	
Address:	3413 NORTH A1A	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	DVP	( ) Delete
Name:	MUNZING, CONNIE	
Address:	2050 OLEANDER BLVD 7-104	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	D	( ) Delete
Name:	GUNTHER, GAIL	
Address:	2319 ATLANTIC BEACH BLVD	
City-St-Zip:	FORT PIERCE, FL 34949	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA BAKER DP 01/07/2004
Electronic Signature of Signing Officer or Director — Date